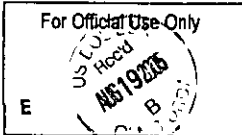


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12024</u>	2. Fiscal Year Covered From: <u>JAN 1 / 04</u> Through <u>DEC 31 / 04</u>
3. Name and address of person filing. Name <u>KENNETH T. DUNN</u> P.O. Box, Bldg., Room No., if any Street <u>437 S. PASCACK RD</u> City <u>SPRING VALLEY,</u> State <u>N.YORK</u> ZIP Code + 4 <u>10977-6805</u>	4. Name, file number, and address of labor organization. Name <u>TUNNEL WORKERS OF NEW YORK</u> Labor Organization File Number <u>Loca 147 002112</u> P.O. Box, Building and Room Number, if any Street <u>4332 KATONAH AVE</u> City <u>BRONX,</u> State <u>N.YORK</u> ZIP Code + 4 <u>10470</u>
5. Position in labor organization. <u>AUDITOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>✓</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. <u>✓</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/4/05</u> Date <u>845-623-6663</u> Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

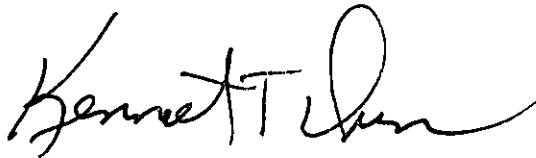
Form LM-30 (2-70)

MEAN -

THIS WAS NOTED & REPORTED ON MY FEDERAL INCOME TAX - & STATE TAX -

Page 2 of 2

Hello...it is the next day since I sealed the envelope. Thus it was sat and now it is the 14th of August. In the last week of Sept of last year...2004... I was sent to Pomfret Center Connecticut the Laborers Training Center to take the OSHA 40 hour Train the Trainer course. This was paid for by the Union's Training Fund. When I returned I was able to instruct some members of our local in the OSHA 10 Hour Safety Course. The course I taught was conducted over two days. All that I received was recorded and duly noted and declared in my Federal tax Form for the year ending 2004. Other than that...I don't know what to say. I hoped I complied with the info you wanted...

A handwritten signature in black ink, appearing to read "Kenneth T. Chen". The signature is fluid and cursive, with the first name "Kenneth" written in a larger, more prominent script than the last name "Chen".